

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Maryland USA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00581777		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee <b>Target Enterprises, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 18 / 2016		
Mailing Address 15260 Ventura Blvd., Ste. 1240			Amount 220675.00		
City State Zip Code Sherman Oaks CA 91403		Transaction ID : SE.4258 Date of Disbursement or Obligation MM / DD / YYYY 04 / 12 / 2016			
Purpose of Expenditure TV advertising (placement)		Category/Type 004			
Name of Federal Candidate Amie Hoeber		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought		1184671.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Target Enterprises, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 18 / 2016		
Mailing Address 15260 Ventura Blvd., Ste. 1240			Amount 79000.00		
City State Zip Code Sherman Oaks CA 91403		Transaction ID : SE.4259 Date of Disbursement or Obligation MM / DD / YYYY 04 / 12 / 2016			
Purpose of Expenditure Radio advertising (placement)		Category/Type 004			
Name of Federal Candidate Amie Hoeber		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought		1263671.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			299675.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Joel Riter		[Electronically Filed]		Date MM / DD / YYYY 04 / 19 / 2016	

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Maryland USA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00581777	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Target Enterprises, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 18 / 2016</b>	
Mailing Address 15260 Ventura Blvd., Ste. 1240		Amount 20000.00	
City Sherman Oaks	State CA	Zip Code 91403	Transaction ID : SE.4260
Purpose of Expenditure TV advertising (placement)	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 14 / 2016</b>	
Name of Federal Candidate Amie Hoeber		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MD
Calendar Year-To-Date Per Election for Office Sought 1283671.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	319675.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Joel Riter

[Electronically Filed]

Date

MM / DD / YYYY  
04 / 19 / 2016

Signature